



Appropriations Committee

**Tuesday, April 18, 2017
9:00 AM – 12:00 PM
212 Knott Building**

Action Packet

COMMITTEE MEETING REPORT

Appropriations Committee

4/18/2017 9:00AM

Location: Webster Hall (212 Knott)

Summary:

Appropriations Committee

Tuesday April 18, 2017 09:00 am

CS/HB 455	Favorable With Committee Substitute	Yeas: 25	Nays: 0
	Amendment 581051 Adopted Without Objection		
CS/HB 603	Favorable	Yeas: 18	Nays: 8
CS/HB 1123	Favorable	Yeas: 25	Nays: 0
CS/HB 1217	Favorable With Committee Substitute	Yeas: 21	Nays: 4
	Amendment 036253 Adopted Without Objection		
CS/HB 1235	Favorable With Committee Substitute	Yeas: 25	Nays: 0
	Amendment 041389 Adopted Without Objection		
CS/HB 1379	Favorable	Yeas: 25	Nays: 0
HB 1397	Favorable With Committee Substitute	Yeas: 16	Nays: 8
	Amendment 863543 Adopted Without Objection		
	Amendment 929369 Adopted Without Objection		

Committee meeting was reported out: Tuesday, April 18, 2017 4:06PM

COMMITTEE MEETING REPORT

Appropriations Committee

4/18/2017 9:00AM

Location: Webster Hall (212 Knott)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Carlos Trujillo (Chair)			X
Larry Ahern	X		
Ben Albritton	X		
Lori Berman	X		
Michael Bileca	X		
Jason Brodeur	X		
Janet Cruz			X
W. Travis Cummings	X		
Jose Diaz	X		
Manny Diaz, Jr.	X		
Bobby DuBose	X		
Katie Edwards	X		
Bill Hager			X
Blaise Ingoglia	X		
Clay Ingram	X		
Shevrin Jones	X		
Kionne McGhee	X		
Larry Metz	X		
George Moraitis, Jr.	X		
Jared Moskowitz	X		
Jeanette Nuñez	X		
Jose Oliva			X
Elizabeth Porter	X		
Holly Raschein	X		
David Richardson	X		
Ray Rodrigues	X		
Chris Sprowls	X		
Cynthia Stafford	X		
Richard Stark	X		
Charlie Stone	X		
Totals:	26	0	4

Committee meeting was reported out: Tuesday, April 18, 2017 4:06PM

COMMITTEE MEETING REPORT

Appropriations Committee

4/18/2017 9:00AM

Location: Webster Hall (212 Knott)

CS/HB 455 : Tax Exemptions for First Responders and Surviving Spouses

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Larry Ahern	X				
Ben Albritton	X				
Lori Berman	X				
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz			X		
W. Travis Cummings	X				
Jose Diaz	X				
Manny Diaz, Jr.	X				
Bobby DuBose			X		
Katie Edwards	X				
Bill Hager			X		
Blaise Ingoglia	X				
Clay Ingram	X				
Shevrin Jones	X				
Kionne McGhee	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jared Moskowitz	X				
Jeanette Nuñez	X				
Jose Oliva			X		
Elizabeth Porter	X				
Holly Raschein	X				
David Richardson	X				
Ray Rodrigues	X				
Chris Sprowls	X				
Cynthia Stafford	X				
Richard Stark	X				
Charlie Stone	X				
Carlos Trujillo (Chair)			X		
Total Yeas: 25		Total Nays: 0			

CS/HB 455 Amendments

Amendment 581051

Adopted Without Objection

Appearances:

Hatcher, Ken - Waive In Support
 FOP
 242 Office Place
 Tallahassee FL
 Phone: (850) 656-9881

Committee meeting was reported out: Tuesday, April 18, 2017 4:06PM

COMMITTEE MEETING REPORT

Appropriations Committee

4/18/2017 9:00AM

Location: Webster Hall (212 Knott)

CS/HB 455 : Tax Exemptions for First Responders and Surviving Spouses (continued)

Appearances: (continued)

Pitts, Brian - Information Only

Justice-2-Jesus

Trustee

1119 Newton Ave. S.

St. Petersburg FL 33705

Phone: 727-897-9291

Committee meeting was reported out: Tuesday, April 18, 2017 4:06PM

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED _____ (Y/N)
ADOPTED AS AMENDED _____ (Y/N)
ADOPTED W/O OBJECTION X (Y/N)
FAILED TO ADOPT _____ (Y/N)
WITHDRAWN _____ (Y/N)
OTHER _____

1 Committee/Subcommittee hearing bill: Appropriations Committee
2 Representative Metz offered the following:

Amendment (with title amendment)

5 Remove everything after the enacting clause and insert:

6 Section 1. Paragraph (b) of subsection (1) of section
7 196.011, Florida Statutes, is amended to read:

8 196.011 Annual application required for exemption.-

9 (1)

10 (b) The form to apply for an exemption under s. 196.031,
11 s. 196.081, s. 196.091, s. 196.101, s. 196.102, s. 196.173, or
12 s. 196.202 must include a space for the applicant to list the
13 social security number of the applicant and of the applicant's
14 spouse, if any. If an applicant files a timely and otherwise
15 complete application, and omits the required social security
16 numbers, the application is incomplete. In that event, the

Amendment No. 1

17 property appraiser shall contact the applicant, who may refile a
18 complete application by April 1. Failure to file a complete
19 application by that date constitutes a waiver of the exemption
20 privilege for that year, except as provided in subsection (7) or
21 subsection (8).

22 Section 2. Section 196.102, Florida Statutes, is created
23 to read:

24 196.102 Exemption for certain totally and permanently
25 disabled first responders; surviving spouse carryover.-

26 (1) As used in this section, the term:

27 (a) "First responder" has the same meaning as in s.
28 196.081.

29 (b) "Cardiac event" means a heart attack, stroke, or
30 vascular rupture.

31 (c) "In the line of duty" has the same meaning as in s.
32 196.081.

33 (d) "Total and permanent disability" means an impairment
34 of the mind or body that renders a first responder unable to
35 engage in any substantial gainful occupation and that is
36 reasonably certain to continue throughout his or her life.

37 (2) Any real estate that is owned and used as a homestead
38 by a person who has a total and permanent disability as a result
39 of an injury or injuries sustained in the line of duty while
40 serving as a first responder in this state or during an
41 operation in another state or country authorized by this state

Amendment No. 1

42 or a political subdivision of this state is exempt from taxation
43 if the first responder is a permanent resident of this state on
44 January 1 of the year for which the exemption is being claimed.

45 (3) An applicant may qualify for the exemption under this
46 section by applying by March 1, pursuant to subsection (4) or
47 subsection (5), to the property appraiser of the county where
48 the property is located.

49 (4) An applicant may qualify for the exemption under this
50 section by providing the employer certificate described in
51 subsection (5) and satisfying the requirements for the totally
52 and permanently disabled exemption in s. 196.101; however, for
53 purposes of this section, the applicant is not required to
54 satisfy the gross income requirement in s. 196.101(4)(a).

55 (5) An applicant may qualify for the exemption under this
56 section by providing all of the following documents to the
57 county property appraiser, which serve as prima facie evidence
58 that the person is entitled to the exemption:

59 (a) An award letter from the Social Security
60 Administration, based upon the applicant's total and permanent
61 disability, provided to the property appraiser within 3 months
62 after issuance.

63 (b)1. A certificate from the organization that employed
64 the applicant as a first responder at the time that the injury
65 or injuries occurred. The employer certificate must contain, at
66 a minimum:

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Amendment No. 1

- 67 a. The title of the person signing the certificate;
68 b. The name and address of the employing entity;
69 c. A description of the incident that caused the injury or
70 injuries;
71 d. The date and location of the incident; and
72 e. A statement that the first responder's injury or
73 injuries were:
74 (I) Directly and proximately caused by service in the line
75 of duty.
76 (II) Without willful negligence on the part of the first
77 responder.
78 (III) The sole cause of the first responder's total and
79 permanent disability.
80 2. If the first responder's total and permanent disability
81 was caused by a cardiac event, the employer must also certify
82 that the requirements of subsection (6) are satisfied.
83 3. The employer certificate must be supplemented with
84 extant documentation of the incident or event that caused the
85 injury, such as an accident or incident report. The applicant
86 may deliver the original employer certificate to the property
87 appraiser's office or the employer may directly transmit the
88 employer certificate to the applicable property appraiser.
89 (c) A certificate from a physician licensed in this state
90 under chapter 458 or chapter 459 which certifies that the
91 applicant has a total and permanent disability and that such

Amendment No. 1

92 disability renders the applicant unable to engage in any
93 substantial gainful occupation due to an impairment of the mind
94 or body, which condition is reasonably certain to continue
95 throughout the life of the applicant. The physician certificate
96 shall read as follows:

97
98 FIRST RESPONDER'S
99 PHYSICIAN CERTIFICATE OF
100 TOTAL AND PERMANENT DISABILITY

101
102 I,...(name of physician)..., a physician licensed pursuant to
103 chapter 458 or chapter 459, Florida Statutes, hereby certify
104 that Mr.....Mrs.....Miss.... Ms.....(applicant name and
105 social security number).... is totally and permanently disabled
106 due to an impairment of the mind or body, and such impairment
107 renders him or her unable to engage in any substantial gainful
108 occupation, which condition is reasonably certain to continue
109 throughout his or her life. Mr.....Mrs.....Miss....
110 Ms.....(applicant name)... has the following mental or
111 physical condition(s):

112
113 It is my professional belief that the above-named condition(s)
114 render Mr.....Mrs.....Miss.... Ms.....(applicant name)...
115 totally and permanently disabled and that the foregoing
116 statements are true, correct, and complete to the best of my

Amendment No. 1

117 knowledge and professional belief.

118

119 Signature....

120 Address... (print)...

121 Date....

122 Florida Board of Medicine or Osteopathic Medicine license number

123 Issued on.....

124

125 NOTICE TO TAXPAYER: Each Florida resident applying for an
126 exemption due to a total and permanent disability that occurred
127 in the line of duty while serving as a first responder must
128 present to the county property appraiser a copy of this form, an
129 award letter from the Social Security Administration, and a
130 certificate from the employer for whom the applicant worked as a
131 first responder at the time of the injury, as required by
132 section 196.102(5), Florida Statutes. This form is to be
133 completed by a licensed Florida physician.

134

135 NOTICE TO TAXPAYER AND PHYSICIAN: Section 196.102(10), Florida
136 Statutes, provides that any person who knowingly and willingly
137 gives false information for the purpose of claiming the
138 homestead exemption for totally and permanently disabled first
139 responders commits a misdemeanor of the first degree, punishable
140 by a term of imprisonment not exceeding 1 year or a fine not
141 exceeding \$5,000, or both.

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Amendment No. 1

142 (6) A total and permanent disability that results from a
143 cardiac event does not qualify for the exemption provided in
144 this section unless the cardiac event occurs no later than 24
145 hours after the first responder performed nonroutine stressful
146 or strenuous physical activity in the line of duty and the first
147 responder provides the employer with medical evidence showing
148 that:

149 (a) The nonroutine stressful or strenuous activity
150 directly and proximately caused the cardiac event that gave rise
151 to the total and permanent disability; and

152 (b) The cardiac event was not caused by a preexisting
153 vascular disease.

154 (7) An applicant who is granted the exemption under this
155 section has a continuing duty to notify the property appraiser
156 of any changes in his or her status with the Social Security
157 Administration or in employment or other relevant changes in
158 circumstances which affect his or her qualification for the
159 exemption.

160 (8) The tax exemption carries over to the benefit of the
161 surviving spouse as long as the surviving spouse holds the legal
162 or beneficial title to the homestead, permanently resides
163 thereon as specified in s. 196.031, and does not remarry. If the
164 surviving spouse sells the property, an exemption not to exceed
165 the amount granted under the most recent ad valorem tax roll may
166 be transferred to the new residence if it is used as the

Amendment No. 1

167 surviving spouse's primary residence and he or she does not
168 remarry.

169 (9) An applicant may apply for the exemption before
170 producing the necessary documentation described in subsection
171 (4) or subsection (5). Upon receipt of the documentation, the
172 exemption must be granted as of the date of the original
173 application and the excess taxes paid must be refunded. Any
174 refund of excess taxes paid must be limited to those paid during
175 the 4-year period of limitation set forth in s. 197.182(1)(e).

176 (10) A person who knowingly or willfully gives false
177 information for the purpose of claiming the exemption provided
178 in this section commits a misdemeanor of the first degree,
179 punishable by a term of imprisonment not exceeding 1 year or a
180 fine of not more than \$5,000, or both.

181 (11) Notwithstanding s. 196.011 and this section, the
182 deadline for a first responder to file an application with the
183 property appraiser for an exemption under this section for the
184 2017 tax year is August 1, 2017.

185 (12) If an application is not timely filed under
186 subsection (11), a property appraiser may grant the exemption
187 if:

188 (a) The applicant files an application for the exemption
189 on or before the 25th day after the mailing of the notice
190 required under s. 194.011(1) by the property appraiser during
191 the 2017 calendar year;

Amendment No. 1

192 (b) The applicant is qualified for the exemption; and
193 (c) The applicant produces sufficient evidence, as
194 determined by the property appraiser, which demonstrates that
195 the applicant was unable to apply for the exemption in a timely
196 manner or otherwise demonstrates extenuating circumstances that
197 warrant granting the exemption.

198 (13) If the property appraiser denies an exemption under
199 subsection (11) or subsection (12), the applicant may file,
200 pursuant to s. 194.011(3), a petition with the value adjustment
201 board requesting that the exemption be granted. Notwithstanding
202 s. 194.013, the eligible first responder is not required to pay
203 a filing fee for such petition filed on or before December 31,
204 2017. Upon review of the petition, the value adjustment board
205 shall grant the exemption if it determines the applicant is
206 qualified and has demonstrated the existence of extenuating
207 circumstances warranting the exemption.

208 (14) The Department of Revenue may, and all conditions are
209 deemed to be met to, adopt emergency rules pursuant to ss.
210 120.536(1) and 120.54 to administer the application process for
211 the 2017 calendar year. This subsection expires August 30, 2018.

212 Section 3. This act shall take effect upon becoming a law
213 and shall operate retroactively to January 1, 2017.

214

215

216

T I T L E A M E N D M E N T

Amendment No. 1

217 Remove everything before the enacting clause and insert:
218 A bill to be entitled
219 An act relating to tax exemptions for first responders
220 and surviving spouses; amending s. 196.011, F.S.;
221 specifying the information to be included in an
222 application for certain tax exemptions; creating s.
223 196.102, F.S.; providing definitions; providing an
224 exemption from ad valorem taxation for certain first
225 responders under specified conditions; providing
226 procedures for applying for the exemption; specifying
227 requirements for documents that serve as prima facie
228 evidence of entitlement to the exemption; providing
229 that total and permanent disabilities resulting from
230 cardiac events do not qualify for the exemption except
231 when certain conditions are met; providing that
232 applicants have a continuing duty to notify property
233 appraisers of certain changes; providing that the
234 exemption carries over to the benefit of surviving
235 spouses under certain circumstances; providing
236 requirements relating to the date of granting an
237 exemption and the refund of excess taxes; providing a
238 criminal penalty for knowingly or willfully giving
239 false information to claim the exemption; specifying a
240 deadline and procedures for applying for the exemption
241 for the 2017 tax year; specifying procedures for

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 455 (2017)

Amendment No. 1

242 | petitioning a denial with the value adjustment board;
243 | authorizing the Department of Revenue to adopt
244 | emergency rules; providing retroactive applicability;
245 | providing an effective date.

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>455</u>	
Amendment Number: _____	

Name: Ken Hatcher

Representing: FOP

Title: _____

Address: 242 Office Place

City: Tallahassee State/Zip: _____

Phone Number: 850-656-9881 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [checked] Amendment []
Bill/PCS/PCB Number: 455
Amendment Number: []

Name: BRIAN PITTS
Representing: Justice-2-Jesus
Title: Trustee
Address: 1119 Newton Ave S
City: St Petersburg State/Zip: FL/33705
Phone Number: 727/897-9291 Meeting Date: 4/18/2017
Committee/Subcommittee: APC
Presentation/Workshop Topic: []

Registered Lobbyist: YES [] NO [checked]
State Employee: YES [] NO [checked]

- [checked] I wish to speak
[] Appearing in response to an inquiry for information made by member, committee, or staff
[] Appearing in response to subpoena
[] Appearing at the written request of the chair
[] Judge or elected officer appearing in official capacity
[] Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [] Opponent [] Info only [checked]
Amendment: Proponent [] Opponent [] Info only []

COMMITTEE MEETING REPORT

Appropriations Committee

4/18/2017 9:00AM

Location: Webster Hall (212 Knott)

CS/HB 603 : Publicly Funded Defined Benefit Retirement Plans

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Larry Ahern	X				
Ben Albritton	X				
Lori Berman		X			
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz			X		
W. Travis Cummings	X				
Jose Diaz	X				
Manny Diaz, Jr.	X				
Bobby DuBose		X			
Katie Edwards	X				
Bill Hager			X		
Blaise Ingoglia	X				
Clay Ingram	X				
Shevrin Jones		X			
Kionne McGhee		X			
Larry Metz	X				
George Moraitis, Jr.	X				
Jared Moskowitz		X			
Jeanette Nuñez	X				
Jose Oliva			X		
Elizabeth Porter	X				
Holly Raschein	X				
David Richardson		X			
Ray Rodrigues	X				
Chris Sprowls	X				
Cynthia Stafford		X			
Richard Stark		X			
Charlie Stone	X				
Carlos Trujillo (Chair)			X		
Total Yeas: 18		Total Nays: 8			

Appearances:

Zander, Skylar (Lobbyist) - Waive In Support
 Americans for Prosperity
 Deputy State Director
 200 W College Ave
 Tallahassee FL 32301
 Phone: (850) 728-4522

Hatcher, Ken - Waive In Opposition
 FOP
 242 Office Place
 Tallahassee FL
 Phone: (850) 656-9881

Committee meeting was reported out: Tuesday, April 18, 2017 4:06PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>603 603</u>	
Amendment Number: _____	

Name: Skylar Zander

Representing: Americans for Prosperity

Title: Deputy State Director

Address: 200 W College Ave. Suite 109

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-728-4522 Meeting Date: 4-18-17

Committee/Subcommittee: Appropriations

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

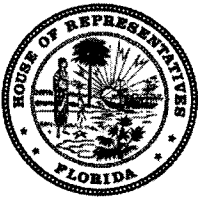
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/O

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>603</u>	
Amendment Number: _____	

Name: Ken Hatcher

Representing: FOP

Title: _____

Address: 212 Office Place

City: Tallahassee State/Zip: _____

Phone Number: 850-656-9881 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only

COMMITTEE MEETING REPORT

Appropriations Committee

4/18/2017 9:00AM

Location: Webster Hall (212 Knott)

CS/HB 1123 : Fee and Surcharge Reductions

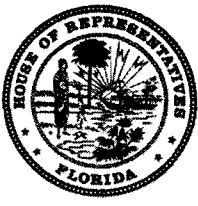
Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Larry Ahern	X				
Ben Albritton	X				
Lori Berman	X				
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz			X		
W. Travis Cummings	X				
Jose Diaz	X				
Manny Diaz, Jr.	X				
Bobby DuBose			X		
Katie Edwards	X				
Bill Hager			X		
Blaise Ingoglia	X				
Clay Ingram	X				
Shevrin Jones	X				
Kionne McGhee	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jared Moskowitz	X				
Jeanette Nuñez	X				
Jose Oliva			X		
Elizabeth Porter	X				
Holly Raschein	X				
David Richardson	X				
Ray Rodrigues	X				
Chris Sprowls	X				
Cynthia Stafford	X				
Richard Stark	X				
Charlie Stone	X				
Carlos Trujillo (Chair)			X		
Total Yeas: 25		Total Nays: 0			

Appearances:

Pitts, Brian - Information Only
 Justice-2-Jesus
 1119 Newton Ave. S.
 St. Petersburg FL 33705
 Phone: 727-897-9291

Committee meeting was reported out: Tuesday, April 18, 2017 4:06PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [checked] Amendment []
Bill/PCS/PCB Number: 1123
Amendment Number: []

Name: BRIAN PITTS
Representing: Justice-2-Jesus
Title: Trustee
Address: 1119 Newton Ave S
City: St Petersburg State/Zip: FL/33705
Phone Number: 727/897-9291 Meeting Date: 4/18/2017
Committee/Subcommittee: APC
Presentation/Workshop Topic: []

Registered Lobbyist: YES [] NO [checked]
State Employee: YES [] NO [checked]

- [checked] I wish to speak
[] Appearing in response to an inquiry for information made by member, committee, or staff
[] Appearing in response to subpoena
[] Appearing at the written request of the chair
[] Judge or elected officer appearing in official capacity
[] Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [] Opponent [] Info only [checked]
Amendment: Proponent [] Opponent [] Info only []

COMMITTEE MEETING REPORT

Appropriations Committee

4/18/2017 9:00AM

Location: Webster Hall (212 Knott)

CS/HB 1217 : Industrial Hemp Programs

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Larry Ahern	X				
Ben Albritton	X				
Lori Berman	X				
Michael Bileca		X			
Jason Brodeur	X				
Janet Cruz			X		
W. Travis Cummings	X				
Jose Diaz		X			
Manny Diaz, Jr.	X				
Bobby DuBose			X		
Katie Edwards	X				
Bill Hager			X		
Blaise Ingoglia	X				
Clay Ingram	X				
Shevrin Jones	X				
Kionne McGhee	X				
Larry Metz		X			
George Moraitis, Jr.		X			
Jared Moskowitz	X				
Jeanette Nuñez	X				
Jose Oliva			X		
Elizabeth Porter	X				
Holly Raschein	X				
David Richardson	X				
Ray Rodrigues	X				
Chris Sprowls	X				
Cynthia Stafford	X				
Richard Stark	X				
Charlie Stone	X				
Carlos Trujillo (Chair)			X		
Total Yeas: 21		Total Nays: 4			

CS/HB 1217 Amendments

Amendment 036253

Adopted Without Objection

Appearances:

Sharkey, Jeffrey (Lobbyist) - Waive In Support
 Medical Marijuana Business Association of Florida, Inc
 106 E College Ave Ste 640
 Tallahassee FL 32301
 Phone: (850) 224-1660

Committee meeting was reported out: Tuesday, April 18, 2017 4:06PM

COMMITTEE MEETING REPORT

Appropriations Committee

4/18/2017 9:00AM

Location: Webster Hall (212 Knott)

CS/HB 1217 : Industrial Hemp Programs (continued)

Appearances: (continued)

Townsend, Light - Waive In Support

Green Point Consultants

Founder

914 Railroad Avenue

Tallahassee FL 32301

Phone: (813) 765-8982

James, Jodi (Lobbyist) - Proponent

Florida Cannabis Action Network

Executive Director

1375 Cypress Ave

Melbourne FL 32935-5932

Phone: (321) 890-7302

Pitts, Brian - Information Only

Justice-2-Jesus

Trustees

1119 Newton Ave. S.

St. Petersburg FL 33705

Phone: 727-897-9291

Watson, Ronald (Lobbyist) - Waive In Support

SLGT Inc & CannaVision

3738 Mundon Way

Tallahassee FL 32309

Phone: (850) 567-1202

Wilson, Latresa, Dr. - Waive In Support

Black Farmers and Agriculture Association

VP

3330 NW 2nd Ave

Ocala FL 34425

Phone: (352) 861-6209

Romine, Shalah - Waive In Support

Luca Law Firm, P.A.

MMJ Coordinator

904 Anastasia Blvd

St. Augustine FL 32080

Phone: (904) 814-8943

Committee meeting was reported out: Tuesday, April 18, 2017 4:06PM

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Appropriations Committee
 2 Representative Massullo offered the following:

Amendment (with title amendment)

5 Remove everything after the enacting clause and insert:
6 Section 1. Section 570.0855 Florida Statutes, is created
7 to read:

8 570.0855 Industrial hemp research programs.—

9 (1) The Legislature finds that:

10 (a) Industrial hemp may be a suitable crop for this state,
11 and its production could contribute positively to the future of
12 agriculture in the state.

13 (b) A viable industrial hemp program would create new
14 business opportunities and jobs in communities throughout the
15 state.

Amendment No. 1

16 (c) As a food crop, industrial hemp seeds and oil produced
17 from the seeds have high nutritional value, including healthy
18 fats and proteins.

19 (d) As a fiber crop, industrial hemp can be used in the
20 manufacture of products such as clothing, building supplies, and
21 animal bedding.

22 (e) As a fuel crop, industrial hemp seeds can be processed
23 into biodiesel and stalks can be pelletized or flaked for
24 burning or processed for cellulosic ethanol.

25 (f) The production of industrial hemp can play an
26 important role in farm land management as part of a crop
27 rotation system.

28 (2) As used in this section, the term:

29 (a) "Industrial hemp" means the plant *Cannabis sativa L.*
30 and any part of such plant, whether growing or not, with a
31 delta-9 tetrahydrocannabinol concentration of not more than 0.3
32 percent on a dry-weight basis as defined in s. 7606(b)(2) of the
33 Agricultural Act of 2014, 7 U.S.C. 5940. A plant that meets the
34 definition of industrial hemp under this subsection is not
35 cannabis as defined in chapter 893.

36 (b) "Industrial hemp research project" means a project
37 associated with an industrial hemp program that includes any
38 aspect of research, cultivation, harvesting, processing,
39 testing, marketing, commercial sales, and uses of approved

Amendment No. 1

40 industrial hemp agricultural, industrial, and commercial
41 products.

42 (3) Any land grant university in the state that has a
43 college of agriculture, upon approval by its board of trustees,
44 may engage in an industrial hemp program consistent with the
45 Agricultural Act of 2014, 7 U.S.C. 5940. The purpose of the
46 program is to conduct research projects related to the
47 cultivation, harvesting, processing, testing, marketing,
48 commercial sales, and to identify rural areas of the state that
49 would benefit from the commercialization of industrial hemp.

50 (4)(a) In implementing an industrial hemp program, the
51 college or university shall adopt rules to ensure the proper
52 operation and security of the program. At a minimum, the rules
53 must:

54 1. Establish minimum security standards for the growing,
55 handling, and processing of industrial hemp.

56 2. Designate the physical location of the industrial hemp
57 project facility. Areas must be designated within the facility
58 as general access or limited access. An area where industrial
59 hemp is cultivated, processed, stored, or packaged, or where
60 industrial hemp research is conducted, must be designated as
61 limited access. Access to limited-access areas is restricted to
62 authorized personnel and authorized visitors. All other areas of
63 the project facility may be designated as general access and
64 open to authorized visitors accompanied by authorized personnel.

Amendment No. 1

65 3. Establish seed procurement and storage standards. At a
66 minimum, all seed must be certified by the university legally
67 imported under United States Drug Enforcement Agency regulation
68 21 CFR, Section 1312.13, parts (a) and (b).

69 4. Establish testing processes of industrial hemp plants
70 to ensure that all samples comply with the chemical properties
71 defined in paragraph 2(a).

72 5. Establish storage, packaging, and labeling requirements
73 for raw hemp material.

74 6. Facilitate coordination with state and local law
75 enforcement agencies to ensure the program complies with this
76 section and other state and federal laws.

77 7. Establish a seed-to-product testing program and
78 research protocols to ensure the proper chemical composition and
79 labeling of hemp material.

80 (b) To the fullest extent feasible, industrial hemp
81 projects should be implemented in rural agricultural areas of
82 the state where the potential for enhancing agricultural
83 economic development is high.

84 (c) An industrial hemp commercialization project may only
85 be conducted after an industrial hemp program has been in place
86 for 2 years. A university shall delay a industrial hemp
87 commercialization project if the university is not satisfied
88 their research establishes that industrial hemp does not pose a

Amendment No. 1

89 risk as an invasive species or entomological risk to agriculture
90 industry in the state.

91 (5) To the fullest extent feasible, an industrial hemp
92 program shall be financed through private resources. All costs
93 incurred by an industrial hemp program shall be funded through
94 federal grants or private funding.

95 (6) Within 4 years after implementing an industrial hemp
96 program, the university shall submit a report to the Governor,
97 the President of the Senate, and the Speaker of the House of
98 Representatives on the status of the program and any research
99 related to the cultivation, harvesting, processing, and uses of
100 industrial hemp, as well as identification of rural areas of the
101 state that would benefit from the commercialization of
102 industrial hemp and any recommendations for implementing such
103 commercialization.

104 (7) (a) This section does not prohibit any research on
105 cannabis pursuant to ss. 2 and 4, chapter 2016-123, Laws of
106 Florida, lawfully conducted before, on, or after the effective
107 date of this section.

108 (b) This section does not authorize the use of any
109 industrial hemp product for medical use. Any medical use of
110 industrial hemp is limited to and governed by s. 381.986.

111 Section 2. This act shall take effect upon becoming a law.
112
113

Amendment No. 1

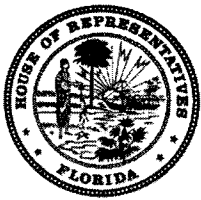
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T I T L E A M E N D M E N T

Remove everything before the enacting clause and insert:

A bill to be entitled

An act relating to industrial hemp programs; creating s.
570.0855, F.S.; providing legislative findings; providing
definitions; authorizing specified state universities to engage
in industrial hemp programs under certain conditions; providing
program purpose and requirements; requiring universities to
pursue private funding for the program; requiring a report to
the Governor and Legislature; providing applicability; providing
an effective date.



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1217</u>	
Amendment Number: <u>30253</u>	

Name: LETTY SHARKEY

Representing: MEDICAL MARIJUANA BUSINESS ASSOCIATION

Title: PRES CAPITOL ALLIANCE GROUP

Address: 100 E College Ave

City: PH State/Zip: FL 32301

Phone Number: 850 224 6660 Meeting Date: 4/18/17

Committee/Subcommittee: APPROPRIATIONS

Presentation/Workshop Topic: INDUSTRIAL HMP

Registered Lobbyist: YES NO

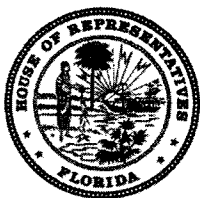
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

w/s

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1217</u>	
Amendment Number: _____	

Name: LIGHT TOWNSEND

Representing: GREEN POINT CONSULTANTS

Title: FOUNDER

Address: 914 RAILROAD AVE

City: TALLAHASSEE State/Zip: FL / 32301

Phone Number: 813-705-8982 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

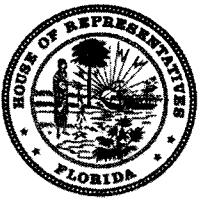
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: _____	1217
Amendment Number: _____	36253

Name: LIGHT TOWNSEND

Representing: GREEN POINT CONSULTANTS

Title: FOUNDER

Address: 914 RAILROAD AVE

City: TALLAHASSEE State/Zip: FL / 32301

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

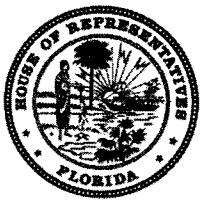
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1317</u>	
Amendment Number: <u>036253</u>	

Name: Jodi James

Representing: FLORIDA Cannabis Action Network

Title: Executive Director

Address: 1375 Cypress Ave

City: Melbourne State/Zip: FL 32935

Phone Number: 321 890 7302 Meeting Date: 4-18-17

Committee/Subcommittee: Approps

Presentation/Workshop Topic: Hemp

Registered Lobbyist: YES NO

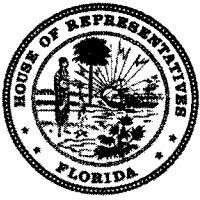
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [checked] Amendment []
Bill/PCS/PCB Number: 1217
Amendment Number: []

Name: BRIAN PITTS

Representing: Justice-2-Jesus

Title: Trustee

Address: 1119 Newton Ave S

City: St Petersburg State/Zip: FL/33705

Phone Number: 727/897-9291 Meeting Date: 4/18/2017

Committee/Subcommittee: APC

Presentation/Workshop Topic: []

Registered Lobbyist: YES [] NO [checked]

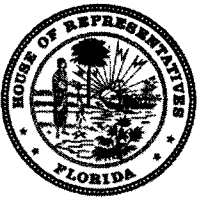
State Employee: YES [] NO [checked]

- I wish to speak [checked]
Appearing in response to an inquiry for information made by member, committee, or staff []
Appearing in response to subpoena []
Appearing at the written request of the chair []
Judge or elected officer appearing in official capacity []
Lobbyist Appearance form submitted online []

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [] Opponent [] Info only [checked]

Amendment: Proponent [] Opponent [] Info only []



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

w/s

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1217</u>	
Amendment Number: _____	

Name: Ron Watson

Representing: SLGT-Inc, + Cannavision

Title: Lobbyist

Address: 3738 Mundon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202 Meeting Date: 4/18/17

Committee/Subcommittee: Appropriations

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

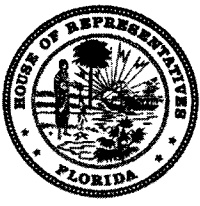
State Employee: YES NO

- I wish to speak / Waive in Support
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1267</u>	
Amendment Number: _____	

Name: Dr. Lorraine Wilson

Representing: Black Farmers and Agriculturalists Association

Title: VP

Address: 3330 NW 2nd Ave

City: Ocala

State/Zip: FL 34425

Phone Number: 352-861-6209

Meeting Date: 4/18/17

Committee/Subcommittee: Agriculture

Presentation/Workshop Topic: Education

Registered Lobbyist: YES NO

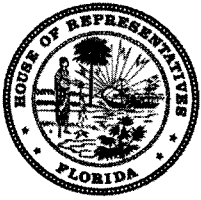
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 1297</u>	
Amendment Number: _____	

Name: Shalah Romine

Representing: Luca Law Firm, P.A.

Title: MMS Coordinator

Address: 904 Anastasia Blvd

City: St Augustine State/Zip: FL 32080

Phone Number: 904-814-8943 Meeting Date: 4/14/17

Committee/Subcommittee: Appropriations Committee (House)

Presentation/Workshop Topic: Industrial Hemp Programs by Agriculture & Property Rights

Registered Lobbyist: YES NO
State Employee: YES NO

- I wish to speak Waive in Support
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only

COMMITTEE MEETING REPORT

Appropriations Committee

4/18/2017 9:00AM

Location: Webster Hall (212 Knott)

CS/HB 1235 : Military and Veteran Support

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Larry Ahern	X				
Ben Albritton	X				
Lori Berman	X				
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz			X		
W. Travis Cummings	X				
Jose Diaz			X		
Manny Diaz, Jr.	X				
Bobby DuBose	X				
Katie Edwards	X				
Bill Hager			X		
Blaise Ingoglia	X				
Clay Ingram	X				
Shevrin Jones	X				
Kionne McGhee	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jared Moskowitz	X				
Jeanette Nuñez	X				
Jose Oliva			X		
Elizabeth Porter	X				
Holly Raschein	X				
David Richardson	X				
Ray Rodrigues	X				
Chris Sprowls	X				
Cynthia Stafford	X				
Richard Stark	X				
Charlie Stone	X				
Carlos Trujillo (Chair)			X		
Total Yeas: 25		Total Nays: 0			

CS/HB 1235 Amendments

Amendment 041389

Adopted Without Objection

Committee meeting was reported out: Tuesday, April 18, 2017 4:06PM

COMMITTEE MEETING REPORT

Appropriations Committee

4/18/2017 9:00AM

Location: Webster Hall (212 Knott)

CS/HB 1235 : Military and Veteran Support (continued)

Appearances:

Barnard, Courtney (Lobbyist) - Opponent

Florida Apartment Assn

Government Affairs Director

105 E. Robinson Street Ste 301

Orlando FL

Phone: (407) 960-2910

Pitts, Brian - Waive In Support

Justice-2-Jesus

Trustee

1119 Newton Ave. S.

St. Petersburg FL 33705

Phone: 727-897-9291

Committee meeting was reported out: Tuesday, April 18, 2017 4:06PM

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	<u>X</u>	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Committee/Subcommittee hearing bill: Appropriations Committee
 2 Representative Latvala offered the following:

Amendment (with title amendment)

5 Between lines 255 and 256, insert:

6 For fiscal year 2017-2018 the recurring sum of \$25,000 from the
 7 General Revenue Fund and the nonrecurring sum of \$100,000 from
 8 the General Revenue Fund is hereby appropriated to the
 9 Department of Veterans' Affairs to implement the provisions of
 10 Section 2 of this act.

11 -----
 12 **T I T L E A M E N D M E N T**

13 Between lines 30 and 31, insert:

14 opportunities for veterans; providing an appropriation;
 15 providing an effective



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment
Bill/PCS/PCB Number: HB 1235C1
Amendment Number:

Name: Courtney Barnard
Representing: FLORIDA APARTMENT ASSN
Title: Government Affairs Director
Address: 105 E. Robinson St Ste 301
City: Orlando State/Zip: FL
Phone Number: 407-960-2910 Meeting Date: 4/18/17
Committee/Subcommittee: House Appropriations
Presentation/Workshop Topic:

Registered Lobbyist: YES [X] NO []
State Employee: YES [] NO [X]

- I wish to speak [X]
Appearing in response to an inquiry for information made by member, committee, or staff []
Appearing in response to subpoena []
Appearing at the written request of the chair []
Judge or elected officer appearing in official capacity []
Lobbyist Appearance form submitted online [X]

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [] Opponent [X] Info only []
Amendment: Proponent [] Opponent [] Info only []

WLS

Print Form

Reset Form



PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES TO THE COMMITTEE/SUBCOMMITTEE ADMINISTRATIVE ASSISTANT AT THE MEETING

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number 1235 Date 4/1/2017

Name BRIAN PITTS

Title TRUSTEE

Address 1119 NEWTON AVENUE SOUTH

City SAINT PETERSBURG State/Zip FLORIDA/33705

Phone Number 727/897-9291

Representing JUSTICE-2-JESUS

Lobbyist (registered) YES NO

State Employee YES NO

If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.

			<u>Amendment</u>	<u>Bill</u>
I wish to speak	<input checked="" type="checkbox"/>	Proponent	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have been requested to speak	<input type="checkbox"/>	Opponent	<input type="checkbox"/>	<input type="checkbox"/>
		Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Subject matter:

Committee/Subcommittee: APC

COMMITTEE MEETING REPORT

Appropriations Committee

4/18/2017 9:00AM

Location: Webster Hall (212 Knott)

CS/HB 1379 : Department of Legal Affairs

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Larry Ahern	X				
Ben Albritton	X				
Lori Berman	X				
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz			X		
W. Travis Cummings	X				
Jose Diaz	X				
Manny Diaz, Jr.	X				
Bobby DuBose			X		
Katie Edwards	X				
Bill Hager			X		
Blaise Ingoglia	X				
Clay Ingram	X				
Shevrin Jones	X				
Kionne McGhee	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jared Moskowitz	X				
Jeanette Nuñez	X				
Jose Oliva			X		
Elizabeth Porter	X				
Holly Raschein	X				
David Richardson	X				
Ray Rodrigues	X				
Chris Sprowls	X				
Cynthia Stafford	X				
Richard Stark	X				
Charlie Stone	X				
Carlos Trujillo (Chair)			X		
Total Yeas: 25		Total Nays: 0			

Committee meeting was reported out: Tuesday, April 18, 2017 4:06PM

COMMITTEE MEETING REPORT

Appropriations Committee

4/18/2017 9:00AM

Location: Webster Hall (212 Knott)

HB 1397 : Medical Use of Marijuana

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Larry Ahern	X				
Ben Albritton	X				
Lori Berman		X			
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz			X		
W. Travis Cummings	X				
Jose Diaz	X				
Manny Diaz, Jr.	X				
Bobby DuBose			X		
Katie Edwards		X			
Bill Hager			X		
Blaise Ingoglia	X				
Clay Ingram	X				
Shevrin Jones		X			
Kionne McGhee		X			
Larry Metz	X				
George Moraitis, Jr.	X				
Jared Moskowitz		X			
Jeanette Nuñez	X				
Jose Oliva			X		
Elizabeth Porter	X				
Holly Raschein	X				
David Richardson		X			
Ray Rodrigues	X				
Chris Sprowls			X		
Cynthia Stafford		X			
Richard Stark		X			
Charlie Stone	X				
Carlos Trujillo (Chair)			X		
Total Yeas: 16		Total Nays: 8			

HB 1397 Amendments

Amendment 863543

Adopted Without Objection

Amendment 929369

Adopted Without Objection

Committee meeting was reported out: Tuesday, April 18, 2017 4:06PM

COMMITTEE MEETING REPORT

Appropriations Committee

4/18/2017 9:00AM

Location: Webster Hall (212 Knott)

HB 1397 : Medical Use of Marijuana (continued)

Appearances:

Rebholz, Ed - Opponent
Temescal Wellness
Chairman
1625 SE 14th Street
Ft. Lauderdale FL 33319
Phone: (973) 476-5609

Romine, Salah - Waive In Opposition
Luca Law Firm, P.A.
MMJ Coordinator
904 Anastasia Blvd
St. Augustine FL 32080
Phone: (904) 814-8943

Bronstein, Michael (Lobbyist) - Information Only
American Trade Association for Cannabis and Hemp
Lead Consultant
19 Narwyn Lane
Narberth PA 19072
Phone: (856) 720-0747

Minardi, Michael - Proponent
Patients
Attorney
3410 Sherry Drive
Bradon FL

Pelton, Eric - Proponent
Patients of Florida
Caregiver
459 N. Zebrawood Pl
Lecanto FL 34461
Phone: (352) 256-9441

Dodson, Diane - Proponent
self
6354 CR 326
Gulf Hammock FL
Phone: (352) 533-1544

McCarthy, Roz (General Public) - Proponent
Minorities For Medical Marijuana
President
1335 Broken Oak Dr
Orlando FL 34787
Phone: (407) 879-1302

Committee meeting was reported out: Tuesday, April 18, 2017 4:06PM

COMMITTEE MEETING REPORT

Appropriations Committee

4/18/2017 9:00AM

Location: Webster Hall (212 Knott)

HB 1397 : Medical Use of Marijuana (continued)

Appearances: (continued)

Lowrey, Thad (Lobbyist) - Waive In Support

Operation PAR
VP Gov Relations
7720 Washington St Ste 102
Port Richey FL 34668
Phone: (727) 992-8508

Hightower, John - Waive In Opposition

self
2807 Sweetbriar Drive
Tallahassee FL
Phone: (850) 519-0363

Pollara, Benjamin (Lobbyist) - Opponent

Florida for Care
Executive Director
801 Arthur Godfrey Road 402A
Miami Beach FL 33140
Phone: (305) 989-4901

Elend, Adam - Opponent

Florigrown, LLC
CEO
4501 Old Saybrook Avenue
Tampa FL 33624
Phone: (917) 399-1325

Deckerhoff, Dennis (General Public) - Opponent

Barrett Deckerhoff & Patients of Florida
Parent/Advocate
5704 Victor Brown Trail
Tallahassee FL 32303
Phone: 850-567-0405

Gordere, Serge - Information Only

Self
Dr
1065 NE 125th St
N. Miami FL 33161
Phone: (305) 891-0050

Fabrizio, Frank - Waive In Support

The Florida Police Chiefs Association
Chief of Police
2636 Mitcham Drive
Tallahassee FL 32308
Phone: (850) 219-3631

Committee meeting was reported out: Tuesday, April 18, 2017 4:06PM

COMMITTEE MEETING REPORT

Appropriations Committee

4/18/2017 9:00AM

Location: Webster Hall (212 Knott)

HB 1397 : Medical Use of Marijuana (continued)

Appearances: (continued)

Pitts, Brian - Information Only

Justice-2-Jesus

Trustee

1119 Newton Ave. S.

St. Petersburg FL 33705

Phone: 727-897-9291

Watson, Ronald (Lobbyist) - Opponent

ALTMed, Cannavision & SLGT Inc

3738 Mundon Way

Tallahassee FL 32309

Phone: (850) 567-1202

Flood, Michelle - Opponent

Consciousness 4 Cannabis

CEO Activist Constituent

12929 Colony Rd

Hudson FL 34669

Phone: (727) 457-7474

Nichol, Rachel - Waive In Opposition

Regulate Florida / Free the Leaf 2018

Volunteer Coord/Activist-Constituent

New Port Richey FL 34654

Phone: (913) 284-2564

Bishop, Barney (Lobbyist) - Waive In Support

Florida Smart Justice Alliance

President & CEO

204 S Monroe St Ste 201

Tallahassee FL 32301

Phone: (850)510-9922

Brewer, Cynthia - Information Only

Patients & Family in Need of Medicinal Cannabis

Director of Operations

2337 Pizarro Lane #4211

Melbourne FL

Phone: (770) 365-7752

Block, Dr. Jeffrey (General Public) - Information Only

Florida physicians and patients

M.D.

7299 SW 79 Court

Miami FL 33143

Phone: 305-793-9222

Committee meeting was reported out: Tuesday, April 18, 2017 4:06PM

COMMITTEE MEETING REPORT

Appropriations Committee

4/18/2017 9:00AM

Location: Webster Hall (212 Knott)

HB 1397 : Medical Use of Marijuana (continued)

Appearances: (continued)

Barnhart, Moriah - Information Only

CANNAMOMS

CEO

Brandon FL 33511

Phone: (813) 580-1378

Horton, Chris - Information Only

Florida Harves

CEO

1920 South Daytona Avenue

Flagler FL

Phone: (386) 569-1964

James , Jodi (Lobbyist) - Waive In Opposition

Florida Cannabis Action Network

1375 Cypress Ave

Melbourne FL 32935-5932

Phone: (321) 890-7302

Brothers, Bill - Information Only

AFS

President

3139 E Marshall Avenue

Phoenix AZ 85016

Phone: (561) 252-1194

Johnston, James - Information Only

Weed for Warriors Project North FL

North FL Chapter President

Miller, Teresa - Proponent

Community

3608 W Corona St

Tampa FL 33629

Stein, Gary - Waive In Opposition

Committee meeting was reported out: Tuesday, April 18, 2017 4:06PM

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> X </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Appropriations Committee
 2 Representative Rodrigues offered the following:

Amendment

Remove lines 1483-1516 and insert:

3
 4
 5 Section 13. (1) For the 2017-2018 fiscal year, 55 full-time
 6 equivalent positions, with associated salary rate of 2,198,860,
 7 are authorized and the sums of \$3,500,000 in nonrecurring funds
 8 from the General Revenue Fund and \$4,055,292 in recurring and
 9 \$1,238,148 in nonrecurring funds from the Medical Quality
 10 Assurance Trust Fund is appropriated to the Department of Health
 11 for the purpose of implementing the requirements of this act.
 12 Of the funds provided, \$3,158,572 in recurring and \$1,238,148 in
 13 nonrecurring funds from the Medical Quality Assurance Trust Fund
 14 and 27 full-time equivalent positions shall be placed in
 15 reserve. The Department of Health is authorized to submit budget
 16

Amendment No. 1

17 amendments requesting release of funds being held in reserve
18 pursuant to the provisions of chapter 216, Florida Statutes
19 contingent upon need and demonstration of fee collections to
20 support the budget authority.

21 (2) For the 2017-2018 fiscal year, the sum of \$10,000,000
22 in nonrecurring funds from the General Revenue Fund is
23 appropriated to the Department of Health to implement the
24 statewide cannabis and marijuana education and use prevention
25 campaign established under s. 381.989, Florida Statutes.

26 (3) For the 2017-2018 fiscal year, the sum of \$5,000,000
27 in nonrecurring funds from the Highway Safety Operating Trust
28 Fund are appropriated to the Department of Highway Safety and
29 Motor Vehicles to implement the statewide impaired driving
30 education campaign established under s. 381.989, Florida
31 Statutes.

32 (4) For the 2017-2018 fiscal year, the sum of \$1,000,000
33 in nonrecurring funds from the General Revenue Fund is
34 appropriated to the University Of Florida College Of Pharmacy to
35 implement the requirements of s. 381.986(4)(a)8., Florida
36 Statutes.

37 (5) For the 2017-2018 fiscal year, the sum of \$100,000 in
38 recurring funds from the Highway Safety Operating Trust Fund is
39 appropriated to the Department of Highway Safety and Motor
40 Vehicles for the purpose of training additional law enforcement
41 officers as drug recognition experts.

Amendment No. 2

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Appropriations Committee
 2 Representative Rodrigues offered the following:

Amendment (with title amendment)

Remove line 92 and insert:

6 (1) Marijuana and marijuana delivery devices, as defined
 7 in s. 381.986, are exempt from

9 -----
 10 **T I T L E A M E N D M E N T**

Remove line 5 and insert:

12 marijuana and marijuana delivery devices used for medical
 13 purposes; amending s.



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>SB 7397</u>	
Amendment Number: <u>7</u>	

Name: Ed Rehditz

Representing: Tommy's C/L Wellness

Title: CHAIRMAN

Address: 1625 SE 14th St

City: Fort Lauderdale State/Zip: FLA 33319

Phone Number: 973-476-5619 Meeting Date: 7/18/17

Committee/Subcommittee: _____

Presentation/Workshop Topic: MEDICAL MARIJUANA

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

w/o

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 1397</u>	1397
Amendment Number: _____	

Name: Shalah Romine (sha-la) (Row-mine)

Representing: Luca Law Firm, P.A.

Title: MMJ Coordinator

Address: 904 Anastasia Blvd

City: Saint Augustine State/Zip: FL 32080

Phone Number: 904-814-8943 Meeting Date: 4/14/17

Committee/Subcommittee: Appropriations Committee (House)

Presentation/Workshop Topic: Medical Use of Marijuana

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak Waive in Opposition
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Michael Bronstein

Representing: American Trade Association for Cannabis and Hemp

Title: Lead Consultant

Address: 19 Narwyn Lane

City: Norberth State/Zip: PA

Phone Number: 856 720 0747 Meeting Date: 4/18/17

Committee/Subcommittee: House Appropriations

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: MICHAEL MENARD I

Representing: Patents

Title: Attorney

Address: 3410 Sherry Drive

City: Brandon State/Zip: FL

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [checked] Amendment []
Bill/PCS/PCB Number: 11B1397
Amendment Number: []

Name: Chris P...br

Representing: Patients of Florida

Title: Caregiver

Address: 459 N. Zebraunt Pt

City: Lecanto State/Zip: 34461

Phone Number: 352 256-9441 Meeting Date: []

Committee/Subcommittee: []

Presentation/Workshop Topic: []

Registered Lobbyist: YES [] NO [checked]
State Employee: YES [] NO [checked]

- I wish to speak [checked]
Appearing in response to an inquiry for information made by member, committee, or staff []
Appearing in response to subpoena []
Appearing at the written request of the chair []
Judge or elected officer appearing in official capacity []
Lobbyist Appearance form submitted online []

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [checked] Opponent [] Info only []
Amendment: Proponent [checked] Opponent [] Info only []



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [X] Amendment []
Bill/PCS/PCB Number: 1397
Amendment Number: []

Name: Diane Dodson

Representing: My Self

Title: []

Address: 6354 CR 326 Leunglo Gulf

City: Gulf Hammock State/Zip: FL

Phone Number: 352-533-1544 Meeting Date: []

Committee/Subcommittee: House Appropriations

Presentation/Workshop Topic: Medical Cannabis

Registered Lobbyist: YES [] NO [X]
State Employee: YES [] NO [X]

- I wish to speak [X]
Appearing in response to an inquiry for information made by member, committee, or staff []
Appearing in response to subpoena []
Appearing at the written request of the chair []
Judge or elected officer appearing in official capacity []
Lobbyist Appearance form submitted online []

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [X] Opponent [] Info only []
Amendment: Proponent [X] Opponent [] Info only []



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Roz McCarthy

Representing: MINORITIES FOR MEDICAL MARIJUANA

Title: PRESIDENT

Address: 1335 Broken Oak Dr

City: Orlando State/Zip: FL

Phone Number: 4078791302 Meeting Date: _____

Committee/Subcommittee: Appropriations

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

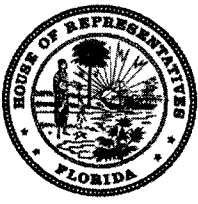
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: THAD LOWREY

Representing: OPERATION PAR

Title: VP GOV. RELATIONS

Address: 7720 WASHINGTON ST.

City: PORT RICHEY State/Zip: FL 34668

Phone Number: 727 992 8508 Meeting Date: 4-18-17

Committee/Subcommittee: APP.

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

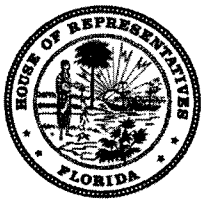
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

w/o

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment

Bill/PCS/PCB Number: 1397

Amendment Number: _____

Name: John Hightower

Representing: Self

Title: _____

Address: 2607 Sweetwater Dr

City: Tallahassee State/Zip: FL

Phone Number: 8505190303 Meeting Date: 4/15/17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

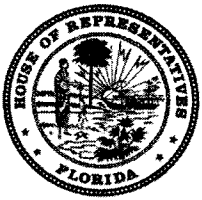
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: <u>929369</u>	

Name: John Hightower

Representing: self

Title: _____

Address: 2807 Sweethard Dr

City: Tallah State/Zip: FL

Phone Number: 8505003102 Meeting Date: 4/18/17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

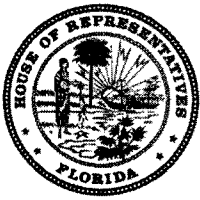
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [X] Amendment []
Bill/PCS/PCB Number: 1397
Amendment Number: []

Name: Ben Pollara

Representing: Florida for Care

Title: Executive Director

Address: 801 Arthur Godfrey Rd #402A

City: Miami Beach State/Zip: FL 33140

Phone Number: 305-989-4901 Meeting Date: 4.18.17

Committee/Subcommittee: Appropriations

Presentation/Workshop Topic: Med Marijuana, AX, 529, F.C.

Registered Lobbyist: YES [X] NO []

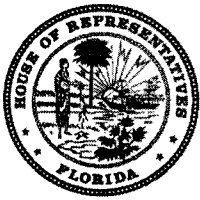
State Employee: YES [] NO [X]

- I wish to speak [X]
Appearing in response to an inquiry for information made by member, committee, or staff []
Appearing in response to subpoena []
Appearing at the written request of the chair []
Judge or elected officer appearing in official capacity []
Lobbyist Appearance form submitted online []

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [] Opponent [X] Info only []

Amendment: Proponent [] Opponent [] Info only []



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [checked] Amendment []
Bill/PCS/PCB Number: 1397
Amendment Number: []

Name: ADAM ELEND

Representing: FLORIGROWN, LLC

Title: CEO

Address: 4501 OLD SAYBROOK AVE

City: TAMPA State/Zip: FL 33624

Phone Number: 917 399 1325 Meeting Date: 4/18

Committee/Subcommittee: APPROPRIATIONS

Presentation/Workshop Topic:

Registered Lobbyist: YES [] NO [checked]

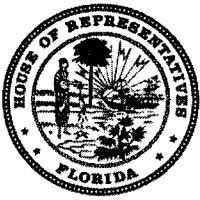
State Employee: YES [] NO [checked]

- I wish to speak [checked]
Appearing in response to an inquiry for information made by member, committee, or staff []
Appearing in response to subpoena []
Appearing at the written request of the chair []
Judge or elected officer appearing in official capacity []
Lobbyist Appearance form submitted online []

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [] Opponent [checked] Info only []

Amendment: Proponent [] Opponent [] Info only []



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment
Bill/PCS/PCB Number: 1397
Amendment Number:

Name: DENNIS DECKERHOFF

Representing: BARRETT DECKERHOFF + PATIENTS OF FLORIDA

Title: PARENT / ADVOCATE

Address: 5704 VICTOR BROWN TRL.

City: TALLAHASSEE FL State/Zip: 32303

Phone Number: 850-567-0405 Meeting Date: 4-18-2017

Committee/Subcommittee: APPROPRIATIONS SUBCOMMITTEE

Presentation/Workshop Topic: 1397

Registered Lobbyist: YES NO [checked]

State Employee: YES NO [checked]

- I wish to speak [checked]
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
Appearing at the written request of the chair
Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent [checked] Info only

Amendment: Proponent Opponent Info only



15363477



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 1397 : Medical Use of Marijuana PCB/PCS/Amendment #: N/A
--

Name: **Gordere, Serge**

Representing: **Self**

Title: **Dr.**

Address: **1065 NE 125TH ST**

City: **N. MIAMI** State/Zip: **FL 33161**

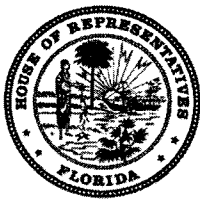
Phone Number: **305-891-0050** Meeting Date: **Apr 18 2017 9:00AM**

Committee/Subcommittee: **Appropriations Committee**

Presentation/Workshop Topic: **N/A**

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

<u>Bill</u>
Info Only
<u>Amendment</u>
N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

w/s

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Chief Frank Fabrizio

Representing: The Florida Police Chiefs Association

Title: Chief of Police

Address: 2636 Mitcham Drive

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-219-3631 Meeting Date: April 18, 2017

Committee/Subcommittee: Appropriations

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [checked] Amendment []
Bill/PCS/PCB Number: 1397
Amendment Number: []

Name: BRIAN PITTS

Representing: Justice-2-Jesus

Title: Trustee

Address: 1119 Newton Ave S

City: St Petersburg State/Zip: FL/33705

Phone Number: 727/897-9291 Meeting Date: 4/18/2017

Committee/Subcommittee: APC

Presentation/Workshop Topic:

Registered Lobbyist: YES [] NO [checked]

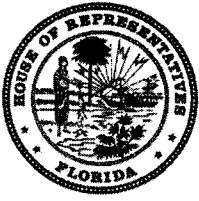
State Employee: YES [] NO [checked]

- I wish to speak [checked]
Appearing in response to an inquiry for information made by member, committee, or staff []
Appearing in response to subpoena []
Appearing at the written request of the chair []
Judge or elected officer appearing in official capacity []
Lobbyist Appearance form submitted online []

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [] Opponent [] Info only [checked]

Amendment: Proponent [] Opponent [] Info only []



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [X] Amendment []
Bill/PCS/PCB Number: 1397
Amendment Number: []

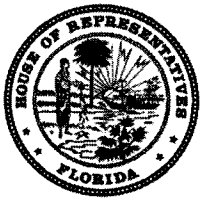
Name: Ron Watson
Representing: AltMed, Cannavision + SGT Inc
Title: Lobbyist
Address: 3738 Murden Way
City: Tallahassee State/Zip: FL 32309
Phone Number: 850 567-1202 Meeting Date: 4/18/17
Committee/Subcommittee: Appropriations
Presentation/Workshop Topic: []

Registered Lobbyist: YES [X] NO []
State Employee: YES [] NO [X]

- [X] I wish to speak
[] Appearing in response to an inquiry for information made by member, committee, or staff
[] Appearing in response to subpoena
[] Appearing at the written request of the chair
[] Judge or elected officer appearing in official capacity
[] Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [] Opponent [X] Info only []
Amendment: Proponent [] Opponent [] Info only []



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [checked] Amendment []
Bill/PCS/PCB Number: 1397
Amendment Number: []

Name: Michelle Flord
Representing: Consciousness 4 Cannabis
Title: CEO Activist Constituent
Address: 12929 Colony Rd
City: Hudson State/Zip: 34649
Phone Number: 727-457-7474 Meeting Date: 4/18/17
Committee/Subcommittee: []

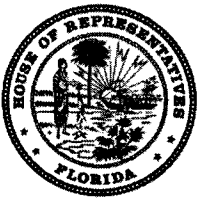
Presentation/Workshop Topic: []

Registered Lobbyist: YES [] NO [checked]
State Employee: YES [] NO [checked]

- I wish to speak [checked]
Appearing in response to an inquiry for information made by member, committee, or staff []
Appearing in response to subpoena []
Appearing at the written request of the chair []
Judge or elected officer appearing in official capacity []
Lobbyist Appearance form submitted online []

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [] Opponent [checked] Info only []
Amendment: Proponent [] Opponent [] Info only []



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/O

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Rachel Nichol

Representing: Regulate Florida / Free The Leaf 2013

Title: Volunteer Coord. / Activist-Conservant

Address: 11930 Taha Ct

City: New Port Richey State/Zip: FL/34854

Phone Number: 912-204-2584 Meeting Date: 04/18/17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

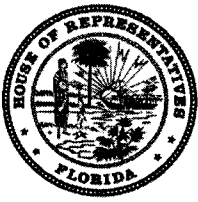
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



w/s

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Barney Bishop

Representing: Fla. Smart Justice Alliance

Title: Pres & CEO

Address: 204 S. Monroe St.

City: Tall State/Zip: FL 32301

Phone Number: 850.510.9922 Meeting Date: 18 Apr 17

Committee/Subcommittee: Approps

Presentation/Workshop Topic: Medical Marijuana

Registered Lobbyist: YES NO

State Employee: YES NO

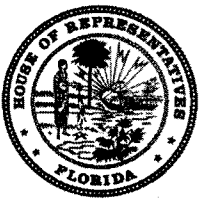
Waive in support

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Cynthia Brewer

Representing: Patients & Family in need of medicinal cannabis

Title: Director of Operations

Address: 2337 Pizarro Lane #4211

City: Melbourne State/Zip: FLORIDA

Phone Number: 770 365 7752 Meeting Date: 4/

Committee/Subcommittee: House Appropriations Committee

Presentation/Workshop Topic: Medical Marijuana

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

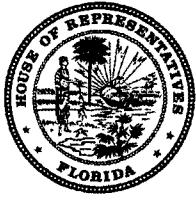
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 1397 : Medical Use of Marijuana PCB/PCS/Amendment #: N/A
--

Name: **Block, Dr. Jeffrey**

Representing: **Florida physicians and patients**

Title: **M.D.**

Address: **7299 SW 79 Court**

City: **Miami** State/Zip: **FL 33143**

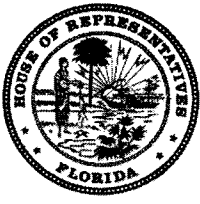
Phone Number: **305-793-9222** Meeting Date: **Apr 18 2017 9:00AM**

Committee/Subcommittee: **Appropriations Committee**

Presentation/Workshop Topic: **N/A**

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

<u>Bill</u>
Info Only
<u>Amendment</u>
N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/>	Bill	<input checked="" type="checkbox"/>	Amendment
Bill/PCS/PCB Number: _____			
Amendment Number: _____			

Name: MUKIAH BARNHART

Representing: CANNAMOMS

Title: CEO

Address: _____

City: BRANDON State/Zip: FL 133511

Phone Number: 813 5801378 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

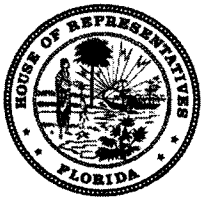
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: CHRIS HORTON

Representing: FLORIDA HARVES

Title: CEO

Address: 1920 South Daytona Ave

City: Flagler State/Zip: FL

Phone Number: 386-569-1964 Meeting Date: 4/18/2017

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

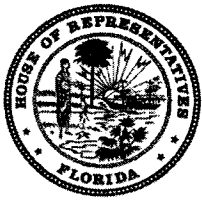
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: _____	
Amendment Number: _____	

Name: Josephine Cannella-Krehl

Representing: Suffering Floridians

Title: Licensed Clinical Social Worker

Address: 3784 Wentworth Way

City: Tall State/Zip: FL/32311

Phone Number: 950-633-6928 Meeting Date: 4/18/17

Committee/Subcommittee: Approps.

Presentation/Workshop Topic: Medical Cannabis

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only AS IS

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

w/o

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment

Bill/PCS/PCB Number: 1397

Amendment Number: _____

Name: Jodi James

Representing: Florida Cannabis Action Network

Title: Executive Director

Address: 1375 Cypress

City: Melbourne State/Zip: FL 32935

Phone Number: 321 890 7302 Meeting Date: 4/18/17

Committee/Subcommittee: Approps

Presentation/Workshop Topic: Cannabis

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Bill Brothers

Representing: AFS

Title: President

Address: 3139 E Marshall Ave

City: Phoenix

State/Zip: AZ 85016

Phone Number: 561 252 1194

Meeting Date: 4-18-17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [checked] Amendment []
Bill/PCS/PCB Number: 1397
Amendment Number: []

Name: James Johnston

Representing: Weed for Warriors Project North FL

Title: North FL Chapter President

Address: []

City: [] State/Zip: FL

Phone Number: [] Meeting Date: []

Committee/Subcommittee: []

Presentation/Workshop Topic: []

Registered Lobbyist: YES [] NO []

State Employee: YES [] NO []

- I wish to speak [checked]
Appearing in response to an inquiry for information made by member, committee, or staff []
Appearing in response to subpoena []
Appearing at the written request of the chair []
Judge or elected officer appearing in official capacity []
Lobbyist Appearance form submitted online []

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [] Opponent [] Info only [checked]

Amendment: Proponent [] Opponent [] Info only []



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Teresa Miller

Representing: Community

Title: _____

Address: 3608 W Corona St

City: Tampa State/Zip: 33629

Phone Number: 33629 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

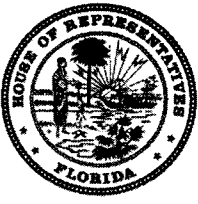
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

w/o

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Gary Stein

Representing: _____

Title: _____

Address: _____

City: _____ State/Zip: _____

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: Appropriations

Presentation/Workshop Topic: Medical Cannabis

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only